

BEST AVAILABLE COPY

MULTIPLE DENTAL CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. _____		FILING DATE _____			
						APPLICANT(S)					
						CLAIMS					
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.											
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TOTAL CLAIMS	1	1	1	1	1	1	1	1	1	1	1